

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 951

Office of Registrar of Vital Statistics.

Ward 14²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July - 4 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 15 Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 130 Carlton St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Starvation

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 6th 1887

Undertaker, William Tinsley

Geo. J. King M. D.
Medical Attendant.

Place of Business, 150 East St Address, 640 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 952

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 952 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rudolph F. Strick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, 9 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Full birth

Place of Death, { Give Street and Number. } 720 Essex St

Cause of Death, { First (Primary), Second (Immediate), } Sublethal Catarrh
Marasmus
Five days

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Balto Gen

Date of Burial, July 6 1887

Undertaker, Henry M. Gernit

Place of Business, 202 W. Central Ave

W. Blumer M. D.

Medical Attendant

E. G. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 953 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Tobitha M. Wallace

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

57 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Somerset Co. Md

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give Street and Number. }

130 S. Washington

Cause of Death, { First (Primary), Second (Immediate), }

Inflammation of the bowels

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1887

{ Undertaker, Fred Gaede

R. W. Mansfield

M. D.

Medical Attendant.

{ Place of Business, 108 S. Caroline

Address, 129 So B Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 954 Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th / 87

Full Name of Deceased, Infant of Lucia Stewart-

Sex, Male or Female, Female

Age, — Years, — Months, 4 hours Days.

Color, red

~~Married~~, Single, ~~Widow or Widower~~

Occupation, —

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 538 Oxford St

Cause of Death, Premature Birth

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, July 5th 87

Undertaker, Geo E Brown

Place of Business, Health Office Address, Compt & RC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W Le Rogers Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

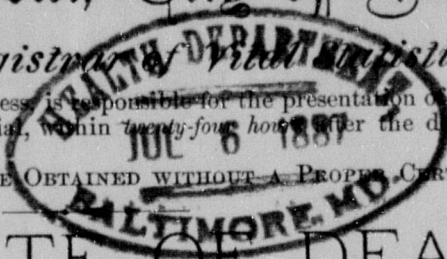
Health Department, City of Baltimore.

Permit No. A. 956 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. Brown - Col.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, _____ Months, _____ Days.

Color, Blk Dark Chesnut

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown ✓

Occupation, Sailor aboard Sch. Flora & Agnes.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Supposed to come from Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give Street and Number. } Drowned at Mc Murray whf foot of Comm St

Cause of Death, { First (Primary), Second (Immediate), } Drowning (Accidental)
Asphyxia No Inquest.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, July 5/87

Undertaker, Geo. E. Brown J. J. Flannery M. D. Medical Attendant.

Place of Business, Health Office Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 700

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

956

Office of Registrar of Vital Statistics.

Ward

4th

The Physician who attended any person in a last illness is responsible for the completion of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr J. Fletcher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } M. d

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } No 12 63 E. Fayette St

Cause of Death, { First (Primary), Marasmus Second (Immediate), since birth }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bree Cemetery

Date of Burial, July 7th 1887

Undertaker, B. Harle

Place of Business, 82 West Street

L. C. Bunch

M. D.

Medical Attendant.

Address, 511 Hammond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 957

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1887

Full Name of Deceased, Elizabeth Jones
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, not { Cross out the word not required in this line. }

Age, 66 Years,

Months,

Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, Dorchester Co. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, 1406 Charles St.
{ Give Street and Number. }

Cause of Death, Malicious Fever
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 6th 1887

Undertaker, Chas. H. Jones

Place of Business, 715 Light

O. A. Cooke M. D.

Medical Attendant.

Address, 104 Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 958 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1887

Full Name of Deceased, Filmore Campton

Sex, Male or ~~Female~~, Male

Age, 16 Years, 0 Months, 0 Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single

Occupation, Waiter

Birth Place, B. City

Duration of Residence in the City of Baltimore, 1 1/2

Place of Death, 107 Welcoming Alley

Cause of Death, Acute Meningitis
Convulsion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenland Cemetery

Date of Burial, July 6 1887

Undertaker, Heracles Ross

Place of Business, 404 Conaway St. Address, 915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 959 Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 5th

Full Name of Deceased, Leroy A. Williams
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 11 Years, 11 Months, 13 Days.

Color, Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Back

Birth Place, Back
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, 610 Burgundy alley
{ Give Street and Number. }

Cause of Death, Bronchitis
Cholera Infantum
2 weeks
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Harford county

Date of Burial, July 6 1889

Undertaker, Harold Ross

Place of Business, 1019 D. Hill an

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 960

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 960

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodore Brady

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Don't know

Place of Death, { Give Street and Number. } Mt. Little Sisters of the Poor

Cause of Death, { First (Primary), Second (Immediate), } Cancer of the Stomach

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, July 6th 1887

{ Undertaker, W. Blothkamp } M. D.

{ Place of Business, E. Lombard St } Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]